



JOINT MOTION FOR CHANGE OF VENUE

3315 West Truman Blvd., P.O. Box 58, Jefferson City, MO 65102-0058
www.labor.mo.gov/DWC

		-							
--	--	---	--	--	--	--	--	--	--

Current

Case Venue: _____

Date of Accident/

Occupational Disease: _____

Venue Change Granted:

Administrative Law Judge: Signature _____

Date: _____

Venue Transferred To: _____

_____,)
Employee)
Vs)
_____,)
Employer)
And)
_____,)
Insurer/Third Party Administrator)

+

Joint Motion for Change of Venue

The parties jointly submit this motion for change of venue. Pursuant to §287.640.2, RSMo all parties agree that venue of this claim for compensation be transferred to: _____

Reason for request: _____

Is the Second Injury Fund a party to the case? ☐ Yes ☐ NoHas the Missouri Attorney General's Office agreed to this Joint Motion for Change of Venue? ☐ Yes ☐ No

Respectfully Submitted,

+

Attorney for Employee

Signature _____

Attorney Name _____

Law Firm _____

Address _____

Telephone No. _____

Bar Number _____

E-mail Address _____

Attorney for Employer/ Insurer/Third Party Administrator

Signature _____

Attorney Name _____

Law Firm _____

Address _____

Telephone No. _____

Bar Number _____

E-mail Address _____

Claimant signature if not represented by an attorney

Missouri Attorney General's Office for Treasurer of state
of Missouri as custodian of the Second Injury Fund

Claimant: Signature Line _____

Assistant Attorney General: Signature Line _____

+